

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003957

FILED
Apr 27, 2012
Secretary of State

Entity Name: ORAMETRIX, INC.

Current Principal Place of Business:

2350 CAMPBELL CREEK #400
RICHARDSON, TX 75082 US

New Principal Place of Business:

Current Mailing Address:

2350 CAMPBELL CREEK #400
RICHARDSON, TX 75082 US

New Mailing Address:

FEI Number: 75-2792132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: ABRAHAM, CHARLES
Address: 2350 CAMPBELL CREEK #400
City-St-Zip: RICHARDSON, TX 75082 US

Title: S
Name: WIDDIG, JAY R
Address: 2350 CAMPBELL CREEK #400
City-St-Zip: RICHARDSON, TX 75082 US

Title: D
Name: BAYLESS, JEANNE
Address: 2350 CAMPBELL CREEK #400
City-St-Zip: RICHARDSON, TX 75082 US

Title: C
Name: LESCHLY, MARK
Address: 2350 CAMPBELL CREEK #400
City-St-Zip: RICHARDSON, TX 75082 US

Title: D
Name: BUTTS, THMOAS
Address: 2350 CAMPBELL CREEK #400
City-St-Zip: RICHARDSON, TX 75082 US

Title: D
Name: STAMPIGLIA, TOM
Address: 2350 CAMPBELL CREEK #400
City-St-Zip: RICHARDSON, TX 75082 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAY R WIDDIG

S

04/27/2012

Electronic Signature of Signing Officer or Director

_____ Date